STRYCHNINE-TUBERCULIN TREATMENT OF HOSPITAL TUERCULOUS CASES.

SIR,—In answer to Dr. William A. Muir's criticism on my short paper bearing the above title in the JOURNAL of May 16th, I have little to say but that I had previously treated in thirty years very many cases in the usual method by rest in bed, good diet, inhalations, various drugs, and so forth, with the ordinary results, which were not nearly as good as by the added method. I think when Dr. Muir has seen the treatment tried and has had more general experience, he will be in a position to express an opinion, but hardly before.

Hospital cases of phthisis mean pulmonary tuberculous patients who have been taken acutely ill and require rest in bed for a time owing to fever, haemorrhage, pleurisy, and other causes. Their stay in a general hospital is limited, and the great desideratum is to get the maximum of improvement in the time allowed. Of various methods tried I found the strychnine-tuberculin treatment gave the best results by a long way.—I am, etc.,

Plymouth, May 24th. J. H. WHELAN.

OPERATOR'S MASK.

SIR,—Operators who wear spectacles will find that condensation on the glasses is prevented by the simple device we have used for some years back in the Royal Victoria Hospital, Dublin, namely, the insertion of a flexible wire —lead does admirably—along the lower border of the slit cut in the mask for the eyes of the surgeon. By moulding the flexible wire on the nose and cheek the expired air is excluded from contact with the glasses. —I am, etc.,

Dublin, May 26th. JOHN B. STORY.

CENTIGRADE AND FAHRENHEIT SCALES.

SIR,—It is the custom of various firms, for advertisement or otherwise, to publish clinical temperature charts with a Centigrade scale at the right hand side. In many of these the scales are badly made and misleading, some of them being as much as half a degree Fahrenheit in error. The makers of the charts seem to have failed to grasp the fact that the Centigrade degrees all come exactly on the usual rulings of a Fahrenheit chart, thus:

35° C. = 95° F., is the lowest marking usually given on chart or thermometer.
36° C. = 96.8° F.
37° C. = 98.6° F., may be taken as normal temperature.
38° C. = 100.4° F., a good point at which to send a patient to bed as a routine treatment.
39° C. = 102.2° F.
40° C. = 104° F., an easy fact to remember.
41° C. = 105.8 F.

The present inaccurate method has the effect of obscuring all the above facts, which should be familiar to every medical man. All that is necessary is that the Centigrade degrees should be printed opposite to their proper lines, and short bars should be placed to the right of the chart to indicate the tenths of the Centigrade degrees.

A still greater advance would be to have the main rulings of the chart according to the Centigrade scale and the exact Fahrenheit readings relegated to the right hand margin.

One small advantage of the Centigrade over the Fahrenheit scale that I have not seen noticed is that no confusion can arise as to whether the expression "point," much in use among nurses, means one-fifth or one-tenth of a degree, because there would be room on the thermometers and charts to mark the tenths of the Centigrade degrees instead of only the fifths of a degree, as in the present Fahrenheit scale.

Is it not time that the medical schools adopted the Centigrade scale in the wards, so that the next generation of medical men may use it, and so bring British practice into line with the Continental?—I am, etc.,

H. B. BILLUPS, B.M.Oxon., etc.

Sandown, Isle of Wight, May 2nd.

THE SOUTH LONDON HOSPITAL FOR WOMEN.

SIR,—May I, as chairman of the Board of Management of the South London Hospital for Women, correct one or two of the statements in the paragraph headed "A New Hospital" in your issue of May 23rd?

The report presented to the governors of the hospital three weeks ago was the *second* and not the first annual report, as stated in your JOURNAL. It gives information relating to the year 1913 only. The first annual report and the appeal issued with it, both of which I enclose, contain the announcement of the anonymous donation of £35,000 to the building fund, and also the reasons which led the promoters of the hospital to decide on separate sites for the in-patient and out-patient departments and to build a hospital containing a large proportion of private wards. It is stated in your JOURNAL that the out-patient department was opened when "even the site of the present institution had still to be acquired." This is a mistake. Not only had the site of the hospital on Clapham Common been bought, but a sum amounting to over £36,000 towards the cost of the building and equipment had already been promised at that time—that is, April 2nd of last year. Inasmuch as the building fund is in the hands of trustees, who are entirely responsible for its expenditure, and not in the hands of the Board of Management, the account does not appear amongst those presented by the board for the year 1913. The total receipts to date for all purposes connected with the hospital amount to a little over £46,000.

That the cost of maintenance of the out-patient department appears high is partly explained by the fact that several of the items do not belong properly to this department, but would be included in the general hospital expenditure were the complete hospital in existence. Thus a proportion of the expenditure necessarily included in the accounts has nothing to do with the out-patient department.

I should like to say that the promoters of the hospital are firmly persuaded of the need for its existence. The New Hospital for Women is not nearly large enough to treat all the patients who seek admission, and something had to be done for all those women who were crowded out. Hospital accommodation in South London was relatively scanty when it was decided to start the second women's hospital there, and it was also natural to choose a site at the opposite pole of London from the New Hospital for Women in Euston Road. The rapidly increasing numbers of out-patients at Newington Causeway—sometimes as many as 80 in an afternoon—proclaim the need in South London for a hospital officered by medical women.

We hope that the building, which began in earnest a few weeks ago, will be completed before another year is passed.—I am, etc.,

London, S.E., May 26th. EDITH CASTLEREAGH.

CHRONIC COLITIS.

SIR,—May I be permitted to indicate to your reviewer of *Chronic Colitis* that valuable as such a critique is to the writers of an admittedly elementary and possibly incomplete work, their difficulties are somewhat increased by the enumeration of sins of omission and commission which have actually not occurred?

First of all, I cannot accept the compliment, implied rather than expressed, that we have originated a new idea in "holding that the connexion between chronic catarrh of the colon and constipation has been overlooked." The relation between constipation and the early stages of chronic colitis may have been too lightly regarded, but their causal relationship has been, as your reviewer is of course well aware, very completely considered by the Continental writers to whose views on the subject we refer in more than one place.

Your reviewer complains that, although we repeatedly refer to the sigmoidoscope and to lavage for diagnostic purposes, nowhere has he "found mentioned the far simpler and very valuable method of radioscopic examination of the bowel by screen or by a skiagraph after the use of a bismuth meal." I beg his pardon, but that is his fault. He will find the reference in question at pp. 74, 75. He remarks that we have printed "copies of a great